BROWNE (B.B.)

A PAPER

ON

SUBINVOLUTION OF THE UTERUS.

BY

B. B. BROWNE, M. D.,

307 Madison Avenue

BALTIMORE, MD.

[Read before the Clinical Society of Baltimore, March 2, 1877.]

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SUBINVOLUTION OF THE UTERUS.

Normal puerperal convalescence includes the restoration of the pelvic organs to their normal state, which during gestation and parturition have been the seat of extraordinary modification in tissue, function and position. During the period of utero-gestation the uterus enlarges from about three inches in length and one and three-quarters in breadth to twelve or fifteen in length and nine or ten in breadth. It increases from about two ounces in weight to twenty-five or thirty ounces. Its cavity before impregnation is less than one cubic inch, while at the full term of pregnancy it is extended to above four hundred cubic inches, and the surface of the organ increases from about five or six square inches to nearly three hundred and fifty square inches. The reduction of the uterus after delivery to its normal size, its involution as it is termed, takes place by muscular contractions, fatty transformation of its component fibres and absorption. The celerity of its involution in the puerperal state is more striking and remarkable than the celerity of its evolution during the pregnant state. For while the uterus takes forty weeks to acquire its dimensions at the full term pregnancy, it requires only from six to eight weeks to decrease to the small size of the organ in its unimpregnated condition.

If the conditions necessary for involution are interfered with or impeded subinvolution will be the result. This condition may be caused by a great number of diseases and accidents that are liable to occur during the puerperal state. For, however easy and healthy the pregnancy and delivery may have been, however happily they may have run their course, yet every lying-in woman is in a high degree predisposed to puerperal affections. The pathetic utterances of an old gynæcologist, Chambon de Montaux, that woman is a being whom nature has, through all ages, allowed to walk upon the edge of an abyss that is ever ready to swallow her up, surely has a peculiar sig-

nificance in childbed. For who is not familiar with those extremely rapid diseases, which within a few days or even hours, carry off the strongest women in their very prime, so that with amazement and terror he beholds their sudden end—the instantaneous and unexpected disappearance from the family circle; and of that more numerous class who escape this fatal termination, how great is the number of those who lead a life of living death, the result of puerperal diseases?

The puerperal diseases causing subinvolution of the uterus may be divided into two classes: 1. Those occurring during parturition. 2. Those occurring during the period of involution or the six or eight weeks following labor. Among the first class may be enumerated: Laceration of the cervix uteri and contusions of the uterine tissue, often caused by the maladministration of ergot to bring on uterine contractions before the os is sufficiently dilated and when the waters have already escaped; portions of retained placenta and coägula interfering with the proper contraction of the placental site and uterus; partial or complete laceration of the perineum and vestibular lacerations. Among the second class we may enumerate secondary hæmorrhages, prolonged retention of urine, constipation, improper application of the binder, rising too soon after confinement, displacement of the uterus, puerperal fever, and the non-performance of the function of lactation.

The natural function of lactation is the best and most healthy stimulus to uterine involution. The application of the infant to the breast causes contraction of the uterus. Lactation is the physiological compliment to parturition, and by causing a derivation of activity to a distant organ, tends to promote rest in the pelvis. Dr. Barnes considers the increasing neglect of the function of lactation to be a prolific cause of uterine disease. He says that this neglect does not always arise from indifference to maternal duties, or the fancied more imperative duties of social life, but that the inability to suckle is in numerous cases real. The system, the breasts want the power, the capacity to secrete milk, showing the unfitness of women nursed in luxury to carry out in its completeness the function of reproduction.

Laceration of the cervix uteri from parturition causes subin-

volution of the uterus in lateral laceration, in consequence of the irritation of the flaps which separate when the woman assumes the upright position. Dr. Emmet states that if this accident occurs from very rapid labor or from the use of forceps with considerable traction, the perineum is at the same time frequently ruptured, and with this there is a want of proper support to the uterus; it gets down upon the floor of the pelvis, and with the prolapsus there is also some degree of retroversion, so that when the woman attempts to walk the flaps are forced far apart, the posterior lip catching in the cul-de-sac and the anterior lip is crowded forward.

In subinvolution from this cause there will be more profuse leucorrhœa, menorrhagia, backache, pains down the limbs, difficulty in walking, and the uterus will be more congested and irritable.

Displacements of the uterus are a frequent cause of impeded involution, for when either retroversion, retroflexion or prolapsus occur, free circulation through the uterine vessels is necessarily interrupted, a sufficient amount of arterial blood may pass into the organ, but the return by the veins is obstructed by the tortuous course and angulation produced by the displacement.

The evil effects of an incomplete abortion in causing subinvolution are either immediate or more remote. The immediate risk is in the occurrence of hæmorrhage and the retention of fragments of the placenta and clots in the uterus; when a foreign body is thus retained, the uterus becomes decidedly hypertrophied, so that when it is finally evacuated the walls may remain permanently thickened and the cavity enlarged. When this condition exists the organ frequently becomes displaced. Such imperfect involution may easily be the starting point of other morbid changes, and many women who come under treatment for uterine diseases can trace back the commencement of their suffering to an abortion in the early months of gestation. Another cause of subinvolution of the uterus is quickly repeated pregnancy, where before the uterus is thoroughly renovated it is called upon again to undergo development.

Retarded in its metamorphosis by any such influences, the uterus does not undergo perfect involution, the fatty degenera-

tion and absorption of its muscular fibres are incompletely performed, or newly-formed tissues—muscular elements, and particularly connective tissue—are developed to such a degree as to leave the uterus considerably larger than normal. In many cases of areolar hyperplasia from subinvolution the uterus is bound down by adhesions to the pelvic viscera.

In order to avoid a more tedious detail of the various causes and effects, complications, symptoms and treatment of subinvolution of the uterus, I will give the record of the following cases:

CASE I.—June, 1875. Mrs. H.; aged thirty-three; married ten years; has had one child eight years ago; no miscarriage since; has a great deal of pain in the back and a feeling of discomfort in the lower part of the abdomen, with a sensation of weight and bearing down of the uterus, considerable pain in the lower part of the bowel and irritability of the bladder, and pain and aching extending down the limbs; a very profuse leucorrhœa. During menstruation the pain and disagreeable feelings are increased in severity and are accompanied by intense headaches lasting two or three days; the trouble has continued since the birth of the child. The uterus was enlarged, retroverted and hypertrophied, caused by subinvolution and areolar hyperplasia; there was also enlargement of the cervix with ulceration and erosion. As soon as the ulceration and congestion were somewhat reduced a suitable pessary was adjusted to support the organ in its normal position. After about three weeks' appropriate treatment the uterus was reduced to its normal size. She was relieved of her suffering and discharged cured.

CASE II.—June 25, 1875. Mrs. G.; aged thirty; married nine years; four children and one miscarriage; last child five months old. Suffering from general debility, pain and weakness in the back, heaviness and weighty feeling in the lower part of the abdomen, irritability of the bladder and leucorrhœa. Attributes her trouble to her first confinement, when she got up too soon and took cold, and had a chill and fever afterwards. Uterus large and flabby, somewhat prolapsed and retroverted—relieved by treatment, afterwards became pregnant, and expects to be confined about the middle of March.

CASE III.—April, 1876. Mrs. E.; aged twenty-eight; married six years; two children, youngest six months old; has been suffering from uterine hæmorrhages since the birth of her last child. Pressing-down pains in the lower part of her abdomen, difficult micturition and excessive weakness. Uterus large and flabby, and bleeds upon the slightest touch, is prolapsed, measures four and a half inches with the probe. Diagnosis retroversion with hypertrophy and areolar hyperplasia from subinvolution. The hæmorrhages were checked by the administration of a combination of ergot, digitalis and tincture of iron, with occasional doses of bromide of potash. By this treatment the size of the organ was also diminished. For a time it was necessary for her to wear a pessary to prevent the pressure of the cervix uteri upon the neck of the bladder, after which she was discharged cured.

CASE IV.—February 27, 1877. Mrs. C.; aged thirty-six; widow; married eighteen years ago and had one child, which was delivered with instruments after a protracted labor; her convalescence was slow, and she has suffered ever since with severe pains in her back and left side, with dysmenorrhœa and leucorrhœa; has had five or six miscarriages since the birth of her child; they have always occurred at the third month. The uterus was retroflexed with enlargement of the fundus, which was bound down by adhesions on the left side. No doubt this condition was the result of subinvolution occurring after the first pregnancy, and the adhesions by preventing the uterus from rising out of the pelvis were the cause of her numerous abortions.

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